

02-05-01

AIRE

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Box Reissue  
Commissioner For Patents  
Washington, DC 20231

Attorney Docket No.	18602-05753
First Named Inventor	Eric C. Anderson et al.
Original Patent Number	5,867,214
Original Patent Issue Date (Month/Day/Year)	02/02/1999
Express Mail Label No.	EL541495327US

APPLICATION FOR REISSUE OF:  
(check applicable box)☒ Utility Patent ☐ Design Patent ☐ Plant Patent

## APPLICATION ELEMENTS

1. ☒ \*Fee Transmittal Form ((PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath/Declaration (unsigned)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent  
☐ Original U.S. Patent for Surrender  
☐ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))

## ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration (if applicable)
10. ☐ \*Small Entity ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
11. ☒ Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ Other: \_\_\_\_\_

- ☐ Written Consent of all Assignees (PTO/SB/53)  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

\*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

## 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

00758

PATENT, TRADEMARK OFFICE

(Insert Customer No. or Attach bar code label here)

Name (Print/Type)	Michael R. Blum	Registration No. (Attorney/Agent)	44,543
Signature		Date	February 2, 2001

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

18602-05753

## Claims as Filed - Part 1

Number of Claims in Patent (C)	For	Number Filed in Reissue Application (B)	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
4	Total Claims (37 CFR 1.16(j))	34	**** 14	=	x \$ _____ =	or	x \$18.00 = 252.00
	Independent Claims (37 CFR 1.16(i))	8	* 4	=	x \$ _____ =		x \$80.00 = 320.00
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 710.00
Total Filing Fee					\$ _____	OR	\$ 1282.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Claims (37 CFR 1.16(j))	*** 34	MINUS	** 20	=	* = 14	x \$ _____ =	or	x \$18.00 = 252.00
Independent Claims (37 CFR 1.16(i))	*** 8	MINUS	***** 4	=	= 4	x \$ _____ =		x \$80.00 = 320.00
Total Additional Fee					\$ _____		OR	\$ 572.00

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

\*\*\*\*\* Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ PLEASE DEFER to cover the filing fee is enclosed.

February 2, 2001  
Date

  
Signature of Applicant, Attorney or Agent of Record

Michael R. Blum, Reg. No. 44,543

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

STATUS OF CLAIMS AND SUPPORT FOR CLAIM CHANGES

Original claims 1-18 are in the patent as issued and new claims 19-34 are pending.

Support for the claimed subject matter is found for example in the original specification

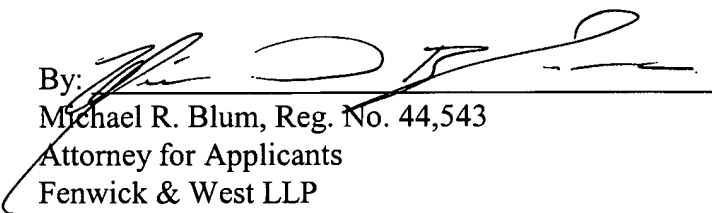
at:

Column	Lines
2	1-26
3	1-11, 60-64
4	18-20, 21-35, 46-51
5	60-67
6	65-67
7	1-26, 33-36

Respectfully submitted,

ERIC C. ANDERSON *et al.*

Dated: February 2, 2001

By:   
Michael R. Blum, Reg. No. 44,543  
Attorney for Applicants  
Fenwick & West LLP  
Two Palo Alto Square  
Palo Alto, CA 94306  
Tel.: (415) 875-2468  
Fax: (415) 281-1350